

**Coastal Kids LA Enrollment Form & Contract**

Registration Date: \_\_\_\_\_

**Parent/Guardian Information**

**Parent/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: (    ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to be added to the Coastal Kids Email List? YES [    ] NO [    ]

**Parent/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: (    ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to be added to the Coastal Kids Email List? YES [    ] NO [    ]

**Child Information**

First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_

Gender: Male [    ] Female [    ] Date of Birth: \_\_\_\_\_

Child's Height: \_\_\_\_\_ Child's Weight: \_\_\_\_\_

Are you ok with your child riding in a backless booster seat: YES [    ] NO [    ]

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address: \_\_\_\_\_

Additional information that may be helpful in caring for your child:

**Emergency Contacts & Authorized Pickup Persons:**

The alternate emergency persons will be contacted if we are unable to reach you. Please ensure that your child is familiar with both alternate emergency contacts.

**1<sup>st</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to the Child: \_\_\_\_\_

**2<sup>nd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to the Child: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_ [ ] Daily [ ] Weekly [ ] Monthly [ ] Other \_\_\_\_\_

\*There is a \$50 non-refundable registration fee each year for summer camp

\*\*No refunds, credits or makeups for any reason, including absences or cancellations.

\*\*\*After a 5 minute grace period, a \$1/minute late fee will be incurred for late pick ups. Please do not drop off early for camp. Start time is 9am unless given another time. Early drop off can be arranged for a fee.

\*\*\*Payment is due at the time of registration (in advance of your child attending camp) in order to reserve your child's spot. We cannot hold your child's spot without payment and spaces may be given away if payment has not been received.

PAYMENT OPTIONS: We accept cash, check payable to Coastal Kids LA, Venmo (@coastalkids), and Zelle through 213-309-3716.

**Schedule Requests:**

Please indicate what schedule you would like for your child (and / or) any drop in dates you would like to request:

\_\_\_\_\_

**Additional Comments & Information:**

Is there is any other information that that would be helpful to our management and teaching staff?

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION** Should (child's name) \_\_\_\_\_ Date of birth \_\_\_\_\_  
suffer an injury or illness while in the care of the Coastal Kids Enrichment Program and is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank You!**

**Coastal Kids LA Release Form**

Assumption of Risk, Waiver of Claims, Release and Indemnity

I hereby give permission for my child(ren) \_\_\_\_\_ to attend the Coastal Kids Enrichment Program, including activities and field trips.

In consideration of my child’s enrolment application acceptance and permission granted to participate in any way in the Coastal Kids Enrichment Program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

**I knowingly and freely assume all such risks**, both known and unknown, and assume full responsibility for my child’s participation in the said Enrichment program. In allowing my child to attend, I agree to hereby release, waiver, indemnify, and hold forever harmless Coastal Kids Enrichment Program, its officers, agents and / or all of its employees, contactors, and all others associated with conducting the program (releasees) of and from all claims, demands, losses, damages, costs, expenses, actions and causes of action arising out of or related to any injury, disability, death, loss or damage, to myself, my child or loss or damage to person or property however caused, arising or to arise by reason of my child’s participation in Coastal Kids Enrichment program other than the willful negligence of the aforesaid.

**Medical Release** (consult for treatment of minor child)

If unable to reach an emergency contact, I give my consent for the Coastal Kids Enrichment Program official to use their best judgment in caring for the child(ren), including calling a physician or ambulance for immediate medical attention if deemed necessary until the emergency contact can be reached.

**Transportation / Field Trip Release**

I give my child(ren) permission to attend all Coastal Kids Enrichment Program trips, which consist of walking trips, riding in the Coastal Kids van, riding in a teacher's vehicle and the use of public transportation. I hereby release the Coastal Kids Enrichment Program and any of it's employees or independent contractors from any claim my child may have due to injury or damage which may occur while on these trips. If we offer any other field trips, including using different transportation, a specific permission slip will be required. In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, I/We assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless Coastal Kids Enrichment Program, nor shall any of said persons be held financially responsible for any injury, illness or death as a direct or indirect result of this activity By signing this form, I agree to all of the terms above. I/ We, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

Parent’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Coastal Kids LA Digital / Media Release Form**

I give the Coastal Kids Enrichment Program unrestricted permission to use and / or publish my or my child’s picture, voice portrait, moving image (film or video), likeness or photograph, any negatives or transparencies, prints, copies, or digital information pertaining to them, or in which the model may be included in whole or in part, or composite, or distorted in form, or reproductions thereof, in color otherwise made through any media for promotional or any other lawful purpose, including the Coastal Kids Enrichment Program’s website, social media, or links to our website. We hereby waive any right that we may have to inspect and approve the finished product or written or other copy that may be used in connection with an image that the Coastal Kids Enrichment Program has taken of myself or my child, or the use to which it may be applied. We further release the Coastal Kids Enrichment Program from any claims for remuneration associated with any form of damage, foreseen, or unforeseen, associated with the proper use of these images. We acknowledge that the videotaping / photography / other form of obtaining any image was conducted in a completely proper and appropriate manner, and this release was willingly signed at its termination. If the model is a minor, we certify that we have given our consents freely and that the parent or guardian shown below has the legal authority to execute the above release.

By signing this form, I agree to all of the terms above

Parent’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_